



Application for Certification Authority License

For full text of NRS Chapter 720 and NAC Chapter 720
please visit our web site at <http://sos.state.nv.us/digsig/>

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Instructions:

1. Please complete this application fully. Blanks or fragmented information will delay the processing of this application significantly.
2. With this application please include the license fee of \$1,000.00. Checks are payable to "Nevada Secretary of State." If paying by credit card please use the "Credit Card Checklist" form available on the Secretary of State Digital Signature web site.
3. Please print, type or use the Adobe Reader to fill out this form.
4. If the Secretary of State determines that an investigation fee is necessary pursuant to NAC 720.810, you will be notified as to the amount.

Questions or comments can be directed in the following manner:

Mailing Address	Web Site	Phone and Fax	Email
Nevada Secretary of State Digital Signature Administrator 101 N. Carson Street Suite 3 Carson City, NV 89701-4786	http://sos.state.nv.us/digsig/ All applicable regulations and statutes are available on this site.	Phone: 775 684 5749 Fax: 775 684 5725	nvdigsig@govmail.state.nv.us

FOR OFFICE USE ONLY:

Filed On:	
By:	
Number:	
Verified by:	
Expiration Date:	
Comments:	

State of Nevada
Office of the Secretary of State

Application for Certification Authority License

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Certifying Authority Information:

CA Name:		Mailing Address Including State, ZIP Code, and Country:	
		Physical Address (if different from above):	
Daytime Phone:		Email:	
CA's Web Site:			

Nevada Resident Agent Information:

Nevada Resident Agent Name:		Mailing Address Including State, ZIP Code and Country:	
		Physical Address (if different from above):	
Daytime Phone:		Email:	

Background Information:

1. Has this Certification Authority previously been licensed in the State of Nevada?

☐ Yes ☐ No

If yes, list previous license number(s) and date(s) of issue:	
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2. Is this Certification Authority a government entity?

☐ Yes ☐ No

If yes, provide government name and address:	
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3. Does the Certification Authority wish to have its foreign license recognized by the State of Nevada?

☐ Yes ☐ No If yes, attach certified copy of license.

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Repository Information:

Name of Repository:		Mailing Address Including State, ZIP Code and Country:	
		Physical Address (if different from above):	
Daytime Phone:		Email:	
Web Site:			

This repository is operated by (or will be operated by): ☐ Applicant ☐ Other
If "Other" please provide name and contact information of operating entity:

Nevada Repository License Number: (Not necessary if application for repository licensure is being made concurrent with this application.)	

Insurance Information:

Name of Insurance Company:		Mailing Address Including State, ZIP Code and Country:	
		Physical Address (if different from above):	
Daytime Phone:		Email:	
License Number or copy of document authorizing this insurance company to do business in Nevada:			

Misc. Information:

Restrictions: Please describe any requested restrictions of the license being applied for (if necessary, attach additional information):	
Judgments: Please list any judgments filed against the CA within the last five (5) years:	

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Signature of Applicant:

Signature:	
Printed Name:	
Title:	
Date:	

Attachment Checklist:

Attached Item (check all that are attached to this application)	Reference
<input type="checkbox"/> Certification Practice Statement	NAC 720.360
<input type="checkbox"/> Audit Report or Summary of Audit Report	NAC 720.320
<input type="checkbox"/> List and Declarations of Operative Personnel Employed by the CA	NAC 720.340
<input type="checkbox"/> Proof of Insurance	NAC 720.290
<input type="checkbox"/> License Fee	NAC 720.430
<input type="checkbox"/> Certified copy of foreign license	NAC 720.420
<input type="checkbox"/> Proof of Identity	
<input type="checkbox"/> Credit Card Checklist	
<input type="checkbox"/> Check for \$1,000.00 made payable to "Nevada Secretary of State"	

Please mail this application with all attachments to:

**Nevada Secretary of State
Digital Signature Administrator
101 N. Carson Street
Suite 3
Carson City, NV 89701-4786**

You will receive confirmation of receipt of this package by email. The email used will be the one listed on page 2 of this application under the heading "Certifying Authority Information" from the Digital Signature Administrator.



State of Nevada
Office of the Secretary of State

Credit Card Checklist

Card Type:

☐ Visa ☐ Master Card

Customer Credit Card Number:

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Expiration Date:

Month		Year	
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Amount:

\$	
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Cardholder Information:

Name:	
Street:	
City, State, ZIP:	
Telephone:	
Authorization:	
<hr/>	
(Cardholder Signature)	

OFFICE USE BELOW THIS LINE

Reference Number (supplied by machine):	
Approval Number (supplied by machine):	
Employee Initials:	